## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

106.35-405

		CLAIMS AS	S FILED - PART I (Column 1) (C			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN  R SMALL ENTITY											
TOTAL CLAIMS								RATE	FEE		RATE	FEE										
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00										
TOTAL CHARGEABLE CLAIMS			min	us 20=	*			X\$ 9=		OR	X\$18=											
INDEPENDENT CLAIMS			mir	nus 3 =	*			X43=		OR	X86=											
MULTIPLE DEPENDENT CLAIM PI			RESENT					+145=		OR	+290=											
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	770											
CLAIMS AS AMENDED - PART II								SMALL E	NTITY	OR	OTHER SMALL											
_		(Column 1) CLAIMS	· · · · · · · · · · · · · · · · · · ·	(Colur HIGH		(Column 3)	1 ,			· · ·												
AMENDMENT A	i	REMAINING AFTER AMENDMENT		NUMI PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=											
	Independent	*	Minus	***		=		X43=		OR	X86=											
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		1	+145=		OR	+290=											
								TOTAL		OR	TOTAL											
ADDIT. FEE																						
		(Column 1)		(Colur		(Column 3)	١.															
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=											
	Independent	*	Minus	***		=		X43=		OR	X86=											
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ן נ	+145=		OR	+290=											
								TOTAL			TOTAL	<u> </u>										
								ADDIT. FEE		OR	ADDIT. FEE											
		(Column 1)		(Colui		(Column 3)	<u> </u>															
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=											
	Independent	*	Minus	***	<b>\</b>	=	4	X43=		OR	X86=											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=											
		mn 1 is less than th						TOTAL			TOTAL											
***	If the "Highest Nu	mber Previously P	aid For" IN THI	S SPACE	is less tha	an 3, enter "3."		ADDIT. FEE	propriate bo	·	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											